

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

Label Here

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20
Your first name and initial Last name
If a joint return, spouse's first name and initial Last name
Home address (number and street). If you have a P.O. box, see page 16. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

OMB No. 1545-0074
Your social security number
Spouse's social security number
You must enter your SSN(s) above.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Spouse

Filing Status

Check only one box.

- 1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 19.

6a Yourself. If someone can claim you as a dependent, do not check box 6a
6b Spouse
6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see page 19)
6d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Table with 2 columns: Description and Amount. Rows include: 7 Wages, salaries, tips, etc. Attach Form(s) W-2; 8a Taxable interest; 8b Tax-exempt interest; 9a Ordinary dividends; 9b Qualified dividends; 10 Taxable refunds, credits, or offsets of state and local income taxes; 11 Alimony received; 12 Business income or (loss); 13 Capital gain or (loss); 14 Other gains or (losses); 15a IRA distributions; 15b Taxable amount; 16a Pensions and annuities; 16b Taxable amount; 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.; 18 Farm income or (loss); 19 Unemployment compensation; 20a Social security benefits; 20b Taxable amount; 21 Other income; 22 Add the amounts in the far right column for lines 7 through 21. This is your total income.

Adjusted Gross Income

Table with 2 columns: Description and Amount. Rows include: 23 Educator expenses; 24 Certain business expenses of reservists, performing artists, and fee-basis government officials; 25 Health savings account deduction; 26 Moving expenses; 27 One-half of self-employment tax; 28 Self-employed SEP, SIMPLE, and qualified plans; 29 Self-employed health insurance deduction; 30 Penalty on early withdrawal of savings; 31a Alimony paid; 31b Recipient's SSN; 32 IRA deduction; 33 Student loan interest deduction; 34 Tuition and fees deduction; 35 Domestic production activities deduction; 36 Add lines 23 through 31a and 32 through 35; 37 Subtract line 36 from line 22. This is your adjusted gross income.

**Tax and Credits**

**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

• All others:  
Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

<b>38</b>	Amount from line 37 (adjusted gross income)		<b>38</b>
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1941, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked ▶ 39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1941, <input type="checkbox"/> <b>Blind.</b> }		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)		<b>40</b>
<b>41</b>	Subtract line 40 from line 38		<b>41</b>
<b>42</b>	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d		<b>42</b>
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		<b>43</b>
<b>44</b>	<b>Tax</b> (see page 37). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972		<b>44</b>
<b>45</b>	<b>Alternative minimum tax</b> (see page 39). Attach Form 6251		<b>45</b>
<b>46</b>	Add lines 44 and 45		<b>46</b>
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Credit for the elderly or the disabled. Attach Schedule R	<b>49</b>	
<b>50</b>	Education credits. Attach Form 8863	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit (see page 41). Attach Form 8901 if required	<b>52</b>	
<b>53</b>	Adoption credit. Attach Form 8839	<b>53</b>	
<b>54</b>	Credits from: <b>a</b> <input type="checkbox"/> Form 8396 <b>b</b> <input type="checkbox"/> Form 8859	<b>54</b>	
<b>55</b>	Other credits. Check applicable box(es): <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8801 <b>c</b> <input type="checkbox"/> Form _____	<b>55</b>	
<b>56</b>	Add lines 47 through 55. These are your <b>total credits</b>		<b>56</b>
<b>57</b>	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-		<b>57</b>

**Other Taxes**

<b>58</b>	Self-employment tax. Attach Schedule SE		<b>58</b>
<b>59</b>	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		<b>59</b>
<b>60</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		<b>60</b>
<b>61</b>	Advance earned income credit payments from Form(s) W-2		<b>61</b>
<b>62</b>	Household employment taxes. Attach Schedule H		<b>62</b>
<b>63</b>	Add lines 57 through 62. This is your <b>total tax</b>		<b>63</b>

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	
<b>65</b>	2005 estimated tax payments and amount applied from 2004 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election ▶ <b>66b</b> <input type="checkbox"/>		
<b>67</b>	Excess social security and tier 1 RRTA tax withheld (see page 59)	<b>67</b>	
<b>68</b>	Additional child tax credit. Attach Form 8812	<b>68</b>	
<b>69</b>	Amount paid with request for extension to file (see page 59)	<b>69</b>	
<b>70</b>	Payments from: <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136 <b>c</b> <input type="checkbox"/> Form 8885	<b>70</b>	
<b>71</b>	Add lines 64, 65, 66a, and 67 through 70. These are your <b>total payments</b>		<b>71</b>

**Refund**

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

<b>72</b>	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you <b>overpaid</b>	<b>72</b>	
<b>73a</b>	Amount of line 72 you want <b>refunded to you</b>	<b>73a</b>	
<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <input type="text"/>		
<b>74</b>	Amount of line 72 you want <b>applied to your 2006 estimated tax</b>	<b>74</b>	

**Amount You Owe**

<b>75</b>	<b>Amount you owe.</b> Subtract line 71 from line 63. For details on how to pay, see page 60	<b>75</b>	
<b>76</b>	Estimated tax penalty (see page 60)	<b>76</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)?  **Yes.** Complete the following.  **No**

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ ( ) \_\_\_\_\_ Personal identification number (PIN) ▶ \_\_\_\_\_

**Sign Here**

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature ▶ _____	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN	Phone no. ( )	